



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

Respondent Name

TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-13-3261-01

MFDR Date Received

AUGUST 6, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: The requestor in this dispute did not submit a position summary.

Amount in Dispute: \$374.78

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The following is the carrier's statement with respect to this dispute from 5/30/12 through 7/10/13. The claimant is submitting pharmacy billing for reimbursement of out of pocket expenses for the above dates. 1. Dates 3/26, 5/30/12, 6/24/12, 6/29/12, 7/24/12, and 7/31/12 are out of jurisdiction per Rule 133.307. 2. Dates 9/27/12, 11/7/12, 12/13/12, 12/18/12, 1/1/13, 2/18/13, 3/17/13, 4/7/13, and 4/17/13 are past the 95 day time frame per Rule 133.20. 3. Dates 7/4/13 and 7/10/13 are still within the 95 days but are not on a pharmacy claim form. (See requestor's DWC-60 packet.) 4. Date 10/23/12 was denied as unrelated."

Response Submitted by: Texas Mutual Insurance Co., 6210 E. Hwy 290, Austin, TX 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 26, 2012 through July 31, 2012	Out of Pocket Expenses – Prescription Medication	\$374.78	\$0.00
October 23, 2012	Out of Pocket Expenses – Prescription Medication		\$267.27
August 28, 2012 through August 5, 2013	Out of Pocket Expenses – Prescription Medication		

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §133.270 sets out the procedures for injured employees reimbursement for out of pocket expenses.

3. 28 Texas Administrative Code §133.20 sets out the procedures for medical bill submission by the health care provider.
4. 28 Texas Administrative Code §134.504 sets out the procedures for pharmaceutical expenses incurred by the Injured Employee.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated January 9, 2013 for disputed dates of service May 30, 2012, June 20, 2012 and October 23, 2012. No other EOBs were submitted by either party.

- 100 – Payment made to patient/insured/responsible party/employer.
- 219 – Based on extent of injury (Note: To be used for Worker's Compensation only)
- 246 – The treatment/service has been determined to be unrelated to the extent of injury. Final adjudication has not taken place.
- 908 – Employee may only pursue reimbursement for medical in the amount payable under Rule 133.270.

Issues

1. Did the injured worker timely submit all dates of service in dispute?
2. Is the injured worker required to submit requests for reimbursement to the insurance carrier within the 95-day timeframe per 28 Texas Administrative Code §133.20?
3. Is the injured worker required to submit the request for reimbursement on a pharmacy claim form (DWC-66)?
4. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §133.307(c)(1)(A) a request that does not involve issues of compensability, extent of injury, liability, or medical necessity shall timely file the request no later than one year after the dates of service in dispute. Review of the disputed dates service shows March 26, 2012 through July 31, 2012 were not submitted timely; therefore, medical fee dispute resolution will not review these services.
2. In accordance with 28 Texas Administrative Code §133.20(a) the health care provider shall submit all medical bills to the insurance carrier except when billing the employer in accordance with subsection (j) of this section; and (b) ... a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. The requestor in this dispute is an injured employee; therefore, the 95-day requirement does not apply in this medical fee dispute; furthermore, dates of service August 28, 2012 through April 17, 2013 will be reviewed in accordance with 28 Texas Administrative Code 134.504. Review of the dates of service eligible for review find that the injured worker did not pay an amount for the Hydrocodone and Ibuprofen over the average wholesale price plus the 1.25 allowable by the Division plus the \$4.00 dispensing fee per prescription.

The respondent states "dates of service July 4, 2013 and July 10, 2013 are within the 95 days but are not on a pharmacy claim form." Pharmacies bill prescription medications on DWC-66. The injured worker is not the pharmacy; therefore, the injured worker is not required to file their out of pocket medication expenses on a form DWC-66.

Date of service October 23, 2012 was denied as unrelated. Review of the submitted documentation finds the carrier has not sufficiently supported this denial. The medications dispensed on this date of service are the same medications for all other dates of service. Therefore the carriers' denial is not supported.
3. Review of the submitted documentation finds the requestor is due reimbursement in the amount of \$267.27.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$267.27.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$267.27 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 28, 2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.